DISCLOSURE SUMMARY PAGE MAY 2 0 2002 COMMITTEE NAME (Must be same as on Statement of Organization). PAUDIT FOR TATE AND TO R. SEPORTAR: Indicate type of committee you are reporting for: 1 (1) Statemed-Legistin: Candidate (2) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (3) State Party (4) County/Local Candidate (1) Statemeds PAC (4) Statemeds P	FOR INSTRUCTIONS, SEE BACK OF FORM	PERMIT FOR TOAR		FORM	
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(15) Support, PACL (5) Bilalli issue/Franchise Committee (7) Courty/City Central Committee Signature of Preasures (2014) Routine Penalities Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: IAM FILING A AN TO MAY IA, 2002. REPORT FOR ANIA (1) ELECTION (2) NON-ELECTION YEAR. (report date) Check if this is final (termination) report and attach Notice of Dissolution is filed.) Check if this is final (termination) report and attach Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand if first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A). Schedule F: Loans Received total (Attach Schedule F). Subtract TOTAL MONEY SPENT THIS PERIOD Schedule F: Loan Repayments total (Attach Schedule F). Schedule F: Loan Repayments total (Attach Schedule F). CASH ON HAND at the end of this reporting period (final report, balance must be zero) (Attach DR3). Subtract TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule F). CASH ON HAND at the end of this reporting period (final report, balance must be zero) (Attach DR3). Schedule F: Loan Repayments total (Attach Schedule F). Schedule F: Loan Repayments total (Attach Schedule F). Schedule F: Coan Repaym	IMPORTANT: Indicate type of committee you are reporting for:		a	omputer	
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SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: IAM FILING A JAN I TO MAY IA, 2002 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. Indicate one I Indic		TELEPHONE		DATES	IGNED
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ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)	or must be zero if this is first report filed.)	ig period,	\$	14	840.71
Schedule F: Loans Received total (Attach Schedule F)	ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule F: Loans Received total (Attach Schedule F)	Schedule A: Cash Contributions total (Attach Schedule	A)		29	,375,00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)					
SUB-TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) ///////////////////////////////////					
SUB-TOTAL\$ SUB-TOTAL\$ SUB-TOTAL\$ SUB-TOTAL\$ \$44, 215, 71 SUB-TOTAL\$ \$44, 215, 71 Substract Total Money Spent This Period Schedule B: Expenditures total (Attach Schedule B)					
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IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	UNPAID BILLS (From Schedule D - Attach Schedule D)				
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	·				360 c
CANDIDATE COMMITTEES ONLY:					-
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CONSULTANT BREAKDOWN (Schedule G Attached?) YES A NO	CONSULTANT BREAKDOWN (Schedule G Attached?)			VF	s <u>X</u> no

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	E (Must b	e same as on St	atement of Organization)	
VAUNT	FOR	TATE	AUDITOR	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), I owa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/7/02	ID#	JULIE K. NELSON 1800 S. 42ND ST. WEST DES MOINES, IA 50265		\$ /00	
1/7/02		REBECCA S. EGERTON 1313 S. STARR BURLINGTON IA 52601		100	
1/7/02	ID# CK#	EDGAR F HANSELL 139 37 ET ST DES MOINES IA 50312		100	
1/7/02	ID# CK#	DEBORAH M BREWER 4418 REL AIRE RD DES MOINES, IA 50310		100	
117/02	ID# CK#	KELLY ELLIS 1200 64TH ST, WEST DES MOINES IA 50266		100	
1/7/02	ID# CK#	DEBORAH L. DESSERT 3392-200TH GRANGER ID 50/09		50	
1/7/02	ID# CK#	TUDITH A COURTNEY 2435 320TH AVE WOODBURN, IA 50275		50	
117/02	ID# CK#	GEORGE PETER BELITSOS 5508 W LINCOLN WAY AMES IA 50014		30	. , .
1/7/02	ID# CK#	NICOLE M LAMB 813 LINDEN NORWALK IA 50211		20	
1/11/02	ID# CK#	PRINCH HARRISON 1085 HWY 29 SOUTH ELLISUILLE MS 39437		50	
			SUB-TOTAL	700	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	E (Must be same as on Statement of Organization)	
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TODAV	FOR STATE AUDITOR	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/14/02	ID# CK#	SCOTT FLOOD 3937 PATRICIA DE NEBANDALE IA 50322		\$ 50	
1/14/02	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10	
1/16/02	ID# CK#	DAVID L. TAHNKE 646 EVANS COURT SHOREVIEW MN SSIZE		500	
1/22/02	ID# CK#	JOY C. CORNING 4323 GRAND AVE # 324 DES MOINES, IA 50312		500	
1/22/02	ID# CK#	TOHNUY A DANOS 1225 RIVER VISTA DE DES MOINES, IA 50315		1000	
1/23/02	ID#	WALTER CONAWAY DAVENPORT 4929 HARBOUR TOWNEDR, RALEIGH NC 27604		100	
1/23/02	ID# CK#	HARRY W. STRONG 3721 SW 28# PL, DES MOINES, FA 50321		100	
1/26/02	ID# CK#	BRIAN G HART 13320 ASHLEAF DR. CLIVE IA 50325		500	
1/26/02	ID# CK#	TERRY SULLIVAND 1638 NW 100IH PL. CLIVE IA 50325		100	
1/28/02	ID# CK#	DOLORES TRACY 814 CENTRAL AVE CLARION IA 50525		50	
			SUB-TOTAL	2010	1

TOTAL (If last page of this schedule)

Page ______ of _____ (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

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COMMITTEE NAME (Must be same as on Statement of Organization)	
VAUDT FOR STATE AUDITOR	

MONETARY RECEIPTS		
(Rev. 06/97) RECEIPTS CHECK THIS BOX IF		
AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/28/02	ID# CK#	GORDON R EPPING 1118 FOREST GLEN CT, SE CEDAR RAPIDS IA 52403		\$ 25	
1/23/02	ID# CK#	ELWIN CREESE 3663 GRAND AVE #102 DES MOINES JA SO312		25	
1/28/02	ID# CK#	GEORGE D. WELCH 4000 COTTAGE GROVE AVE DES MOINES IA 50311		100	
1/28/02	ID# CK#	MATTHEW P. KINLEY 185 SOLF CT. WEST DES MOINES IN SOLG		50	
1/28/02	ID# CK#	MARILEE SCIESZINSKI 125 PARKUIEW DR ALBIA IA 52531		25	
1/28/02	ID# CK#	ARLAN W. VAN ROEKEL 43/0 BEAVER HILLS DR DES MOINES FA 50310		25	
1/28/02	ID# CK#	MICHAEL T BERGIN 602 STONE GATE CT. SGT BLUFF, ID S1054		25	
1/28/02	ID# CK#	WILLIAM R. COOK 1133 7# ST. WEST DES MOINES IA 50265		100	
1/29/02	ID# CK#	THOMAS E LARSON 9903 HAMMONTREE DR URBANDALE IA 50322		50	
1/29/02	ID# CK#	THOMAS L. ERPELDING BOX 678 ALGONA IA 50511		100	,
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page 3 of 20 (for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NA	ME (Must b	e same as on Statement of Organization)	
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VAUNT	FOR	STATE AUDITOR	
77001	102	21412 1 100110K	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
· —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	1/29/02		NANCY T MOSEMAN 1700 PLEASANTVIEN DR DES MOINES, IA SORIS		* 25	
	1/29/02		ALAN KI KINCHELDE 3231 WOLCOTT AVE, DES MOINES FA SO321		25	
	1/30/02		TANYA GREINER 1113 KODI CIRCLE FAIRFIELD IA 52556		25	
	1/30/02		TOM R. THOMPSON 604 S. 32ND ST. FAIRFIELD IA 52556		100	
	1/30/02		MICHAEL W SIMONSON 3300 ELMWOOD DES MOINES IA SOSIS		500	
	1/30/02		GARY L CARLSON 2806 HICKORY TRAIL FOWA UTY IN 52245		100	
-	1/31/02		FRANK T CARROLL 2500 FINANCIAL CENTER DES MOINES IA 50309		25	·
	1/31/02	ID# CK#	RICHARD FULLEN 181 STE CT. WEST DES MOINES ID 50266		50	
	1/31/02	ID# CK#	ILENE LEOPOLD PERSOFF 23 GREEN ST, HUNTINGTON NY 11743		50	
	1/31/02	ID# CK#	EVERETT N. SATHER 8875 NW POLK LITY DR ANKENY IL 50021		100	
				SUB-TOTAL		

TOTAL (if last page of this schedule)

Page 4 of 20 (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	TE (Must b	e same as on Statement of Organization)	
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リムいハエ	FOR	STATE AUDITOR	
7,7,0,0,1		21412 11001107	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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2/1/02 CK# 8905 RIDGEVIEW DR TOHNSTON TA 50/3/ 2/11/02 CK# 4735 77 TH ST. LUREANDALE TA 50322 2/11/02 CK# 2807 SATH ST. DES MOINES TA 503/0 2/11/02 CK# TAWES BRUXTON 2/11/02 CK# 1811 MUSCATINE AVE TOWN LITH TA 52240 2/11/02 CK# D.O. BOX 507 DECOPAH TA 52/01 2/3/02 CK# 1000 NSTH AVE TOWN DECOPAH TA 52/01 2/3/02 CK# 60/0 NSTH AVE TOWN TOWNSTON TA 50/3/1 2/3/02 CK# 60/0 NSTH NGHAM TOWNSTON TA 50/3/1 2/3/02 CK# 546 NW 99 TH CT DES MOINES TA 50325 KULT T. KONER JOHNSTON TE 50325 KULT T. KONER JOHN TEMPERSON PRAIRIE CITH TA 50228	, , , , , , , , , , , , , , , , , , , ,	NUMBER				
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SPEVCER IA S/301 20 2/3/02 ck# MARK A DICKEN 6010 NOTTINGHAM 1/50 TOHNSTON IA SO131 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50 1/50	2/2/22		JOHN P. TOALE			
2/3/02 CK# MARK A DICKEN 6010 NOTTINGHAM JOHNSTON ID 50131 1D# TAMES L KINDER 1/546 NW 99 TH OT DES MOINES ID 50325 1D# KURT T. KONER 1/01 W. TEFFERSON PRAIRIE CITY ID 50228 1D# 1D# HANDEN	2/3/02	CK#			25	
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10# JOHNSTON ID GOTS 2/3/02 CK# JAMES L KINDER 1546 NW 99 TH CT NES MOINES ID 50325 10# KURT T. KONER 101 W. JEFFERSON PRAIRIE CITY ID 50228	2/3/02	CK#			150	
2/3/02 CK# TAMES L RIDDER 1546 NW 99TH OT DES MOINES TA 50325 10# KURT T. KONER 101 W. JEFFERSON PRAIRIE CITY TA 50228 10# 10# 10# 10# 10# 10# 10# 10	, -/				, 00	
Z/3/02 CK# KURT T KONEK PRAIRIE CITY TA 50228 10# DES MOINES TA 5032 Comparison of the comparison	_ , ,		JAMES L KIDDER			
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2/3/02 ck# 101 W. JEFFERSON 25 PRAIRIE (174 TA 50228		ID#	l l			
PRAIRIE CITY TA SO228	213/00	~CK#	MULI VI KONER		ا – ر	
ID#					23	
2/1/02 cm 1125 MICHAELS CT, 25			LAWRENCE S. HARDEN			
20	2/4/02	CK#	1125 MICHAELS CT,	:	25	
SPENCER IA 5/30/			SPENUER IA 5/301	CUR TOTAL		

TOTAL (If last page of this schedule)

Page 5 of 20 (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	iE (Must b	e same as on Statement of Organization)
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VAUDT	FOR	STATE AUDITOR
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SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/5/02	ID# CK#	TAMES W. ARMSTRONG 10206 HICKORY LANE UREANDALE, IOWA 50322		\$ 50	
215/02	ID# CK#	PATRICK D BURTON 1785 BROHWOOD CIRCLE WAUKEE IA 50263		25	
2/5/02	ID# CK#	DIANE LIGREENFIELD 7017 HABBOUR DR. JOHNSTON IA SOISI		250	
2/5/02		BRIAN G OXLEY 603 CRYSTAL ST. AMES IA 50010		25	
2/5/02		RONALD A.PAINE 10577 ELMOREST DR. CLIVE IA 50325		50	
2/6/02	ID# CK#	DUANE A. SUESS SOI VALLEY WEST CT. WEST DES MOINES, IA SOZGS		250	
2/6/02	ID# CK#	DAWN D. DILLIVAND 12405 AIRLINE AUE URRANDALE IA 50323		50	
2/7/02	ID# CK#	KIM HUNSAKER 2928 WOODLAND HILLS BURLINGTON, IA 52602		25	
2/1/02	ID# CK#	KENNETH A POTZIER 199 S. COVE DR STORM LAKE, IA 50588		25	
2/7/02	ID# CK#	MARY KIRCHER 1456 TH AVE S CLINTON, IA 52732		25	
			SUB-TOTAL	. 775	

TOTAL (if last page of this schedule)

Page of 20 (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	1E (Must b	e same as on Statement of Organization)	
VAUDT	FOR	STATE AUDITOR	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
,	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	2/8/02	ID# CK#	CORDELL CREMERS 1309 CHAMBERLAIN DR JOWA CITY IA 52240		\$ 50	
	2/11/02	ID#	DIANE C. BRIDGEWATER 8161 HEATHER BOW CT. JOHNSTON IA SO131		50	
	2/11/02	ID# CK#	KAY F. DUNN 1137 NORTHWESTERN AMES IA 50010		25	
	2/9/02	ID# CK#	ANDREW MIELSEN 217 NE 16 PST. ANKERY IA COO21		100	
	2/11/02	ID# CK#	LOUIS R ROTH 666 SOTH ST. DES MOINES IA 50312		50	
	2/13/02	ID# CK#	ROBIN L. MENICHOLS 10861 NE 80#57, BONDURANT IA 50035		100	
	2/15/02	ID# CK#	JODI L. VAN BELL 14415 BRYN MANR DR, URBANDALE IA 50323		50	
	2/18/02	ID# CK#	ROBERT D. BUCKLEY 4100 OAK FOREST DE DES MOINES IA 50312		100	
	2/13/02	ID# CK#	JAMES WINIKATES 619 KEYSTONE RIVER FOREST IL 60305	- 1	100	
	2/18/02	ID# CK#	TEAN E. JOHNSTON THE PLAZA STE 200 DES MOINES IA 50309		100	
	······································			SUB-TOTAL	. 715	

TOTAL (if last page of this schedule)

Page 7 of 20 (for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(Including outlining to personal rands)	Гп	C
COMMITTEE NAME (Must be same as on Statement of Organization)		A٨
VAUDT FOR STATE AUDITOR		

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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2/19/02	ID#	PAUL S. STAVE 1227 W. 4T ST. SPENCER JO 5/301		\$ 100	
2/19/02	ID# CK#	MARY L. CHAPMAN 3707 SKYLINE CIR. DES MOINES ID 50310		100	
2119/02		SUE RYBOLT 1932 SW THIRD ST. STES ANKENY IN 50021		20	
2/20/02		SONTA R. WHITE SELL 73,56 H ST. DES MUINES IA SO312		2 5	
2/21/02	ID# CK#	SUSAN D. BA TTANI 6120 BRANDHWINE DR TOHNSTON FA SOIS!		50	
2/22/02	ID# CK#	GEORE A DAVIS 120 S GRANDVIEW AVE, DUBJQUE TA 52003		100	
2/27/02	ID# CK#	MARTIN GIDEATON 1006 NW MAPLE ANKENY IA 50021		50	
2/27/02	ID# CK#	MARUIN R. SELDEN JR. 2101 PLEASANT ST. WEST DES MOINES IA SOLG		50	. , , -
2/27/02	ID# CK#	MARIN ALVIN POMERANTE 4700 WESTOWN PKW4 WESTDES MOINES IA 50266		2500	
3/1/02	ID# CK#	JOHN RUAN 666 GRAND AVE 32M FLR DES MOINES IA 50309		1000	
			SUB-TOTAL	. 10 25	

TOTAL (if last page of this schedule)

Page of 20 (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3/3/02		RESECCA A ALSIA 4308 LINCOLN AVE DES MOINES FA 50310		\$ 1000	/
3/4/02	ID# CK#	SUSAN J LOY 821 E. SEERLEY BLUD CEDAR FALLS, IA 506/3		100	/
3/4/02	ID# CK#	STEVEN DI LANDAUER 201 W. 200 ST STEGOI DAVENDORT IA 52801		50	
3/5/02	ID# CK#	MICHAEL R. CARVER 4417 96IMCT. DES MOINES IA 50322		100	V
3/5/02	ID# CK#	ROBERT D. BUCKLEY 4100 OAK FOREST DR DES MOINES IA 50312		250	/
3/5/02	ID# CK#	PAUL A JUFFER 5942 BEECH TREE DR WEST DES MOINES IA 50266		250	V
3/5/02	ID# CK#	PAUL MATSON 8405 WEYBRIDGE CIRCLE JOHNSTON IA SO131		100	~
3/5/02		DEBORAH M. THARNISH 4007 CRESTMOOR PLI DES MOINES IA 50310		50	~
3/5/02	ID# CK#	ROBBI A SMITH 1708 S. 42ND ST. WEST DES MOINES IA 5026S		100	/
3/6/02	ID# CK#	DOTTIE COMMUNICATIONS 1758 IRIS AVE CRESTON IA 50801		50	V
<u> </u>			SUB-TOTAL	. 2050	

TOTAL (If last page of this schedule)

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CONTRIBUTIONS - MONEY TAKEN IN

CONTRIBUTIONS - MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 06/97) RECE	
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX I
VAUDT FOR STATE AUDITOR		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/6/02		TANE FOGT 13915 ROSEWOOD DR. CLIVE IA 50325		* 25	
3/7/02	ID# CK#	DAVID W. POTTERAUM 301 SE BEH ST. ANKENY, ID SOOZI		100	~
3/10/02	ID# CK#	S.G. BLANK 1237 2024 ST WEST DES MOINES JA 50265		250	V
3/10/02		KIRK L. TIBRETTS 4413 99 IN ST URBANDALE JA 50322		100	~
3/10/02	ID# CK#	JEFFERY P. GRABEN 105 TENTH ST. NW MASON CITY IA 50401		50	
3/12/02	ID# CK#	M. JOAN SULLIVAN 706 SSIM ST DES MOINES IA 50312		100	V
3/12/02	ID# CK#	MICHAEL F. COONEY III 4004 WESTERN HILLS DR WEST DES MOINES, IA 50265		<i>2</i> 50	~
3/12/02	ID# CK#	DAVIO LUNDQUIST 180 YACHT CLUB WAY #104 HYPOLUXO, FL 33462		100	· / · ·
3/12/02		MIKIGARRI FARRELLI 24 ISLAY CIRCLE BELLA VISTA ARK 72715		50	V
3/12/02	ID# CK#	JAMIE H SHAFFED 600 S, 26 IH NEST DES MOINES IA 50268		100	/
			SUB-TOTAL	117	

TOTAL (If last page of this schedule)

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SCHEDULE

MONETARY

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	E (Must b	e same as on Statement of Organization)
UADAT	Ene	STATE AUDITOR
V A U D 1	IOR	ZIMIE I VOOLIOR

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	3/12/02	ID# CK#	MARK W. MILLER 1705 HILLSIDE ST. WEST DES MOINES JA 50265		\$ 100	V
	3/12/02		PAUL J. JENNINGS 1501 42ND ST. STE 325 WEST DES MOINES FA-0266		50	
	3/13/02	ID# CK#	DONALD F. LAMBERTI P.O.BOX 3001 ANKENY IA 50021	!	1000	
	3/13/02	<u> </u>	JAMES M. EARLEY 4100 QUAIL PARK DR WEST DES MOINES IN 50265		250	
	3/13/02	ID# CK#	REBECCA C. BROWN 5213 WOODLAND AVE DES MOINES IA 50212		100	
	3/14/02	ID# CK#	M.T. DOLAN 5307 SHRIVER AUE DES MOINES, IA 50312		100	
	3/14/02	ID# CK#	JOHN D. STAUNES 2910 ABTH AVE. BETTENDORF IA 52722		100	V
	3/14/02	ID# CK#	MRS BARTON W BALDWIN 212 RAMBLEWOOD DR. MOUNT OLIVE N.C. 28365		100	. , -
	3/14/02	ID# CK#	DOUGLAS M. HULTQUIST 3551 7TH ST. STE 100 MOLINE IL 61265		25	
	3/15/02	ID# CK#	FLORENCE M. ROTH 2820 CLAIBORNE CIR. DE S MOINES, IA 50322		500	/
•				SUB-TOTAL	2225	

TOTAL (if last page of this schedule)

Page // of <u>20</u> (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAMI	E (Must be same as on Statement of Organizat	ion)
VAUDT	FOR STATE AUDITOR	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
. —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/14/02	ID# CK#	JEFFREY STAUNES 33 VISTA DR. STORM LAKE IA 50588		s 25	/
3/16/02	ID# CK#	ETHEL M. KUNKLE P.O. BOX 172 FAGETTE IN S2142	MOTHER IN-LAW	100	
3/18/02	ID# CK#	BRUCE I CAMPBELL 62 MEADOWBROOK CIR CUMMING IA 50061		250	/
3/18/02		CAROL T BEHRER 4108 74IH ST URBANDALE TA 50322		100	/
3/18/02	ID# CK#	SHELDON RABINOWITZ I SW 51SI ST. DES MOINES IA 50312		25	/
3/19/02	ID# CK#	LINDA K. HOPKINS 23 DURHAM ET JOWA CITY IN 52240		100	/
3/20/02	ID# CK#	BETTY B. TORGERSON 4438 92ND ST. URBANDALE IA 50322		30	V
3/20/02	ID# CK#	PATRICIA JOHNZON: 5018 OAK HILL COURT WEST DES MOINES IA 50265		25	
3/21/02		ROBERT W. MURRAY 1716 5 AZND ST WEST DES MOINES JA 50265		250	V
3/21/02	ID# CK#	GERALD C. SCHMINT 2974 SUMMERTREE AVE BETTENDORF IN 52722		100	
			SUB-TOTAL	1205	

TOTAL (If last page of this schedule)

f any relative making a contribution to the

Page 12 of 20 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.